



Weill Cornell Medical College

NewYork-Presbyterian Hospital
Weill Cornell Medical Center

Alexander E. Merkler, MD, MS
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Weill Cornell Medicine
525 East 68th Street, F610
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Lewis J. Liman, Esq
United States Courthouse
500 Pearl Street
New York, NY 10007

Re: Lawrence Ray

Dear Judge Liman:

I am a board certified neurologist and I am certified in the subspecialty of neurocritical care by the United Council for Neurological Subspecialties. I graduated from Brown University and then received my MD from NYU School of Medicine. I completed a neurology residency at New York Presbyterian Hospital/Weill Cornell Medical College where I served as Chief Resident. I then completed a Neurocritical Care Fellowship at Cornell/Columbia University and received a Master's Degree in Clinical and Translational Investigation from Cornell University. I currently serve as an attending neurologist at New York Presbyterian Hospital/Weill Cornell Medical College, where I routinely take care of patients with neurological disorders. I am also an Assistant Professor of Neurology and Neuroscience at Weill Cornell Medical College and the Brain and Mind Research Institute. I have authored more than 100 publications in peer reviewed medical journals on neurological disorders. I also serve as a peer reviewer for several medical journals including *JAMA*, *Neurology*, *Stroke*, *Journal of the American College of Cardiology*, *Circulation*, *Neurocritical Care* and *Hypertension*. I have given multiple invited lectures on neurological disorders at the International Stroke Conference, the American Academy of Neurology, and at other courses around the world. Finally, I routinely give lectures to residents, medical students, and nurses at Weill Cornell Medical College on the management and treatment of neurological disorders. Please see my CV for additional details.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

March 30, 2022

A 7x7 grid of black and white bars representing a 2D convolutional feature map. The bars are arranged in a staggered pattern, with the last row and column being mostly black. The first six rows contain white bars of varying widths and heights, with the first row having the widest bar.

A series of ten horizontal black bars of varying lengths, decreasing in length from top to bottom. Each bar is set against a white background.

Based on my knowledge, training, and experience, along with my review of the medical records and statements from providers involved in Mr. Ray's care, it is my opinion to a reasonable degree of medical certainty that Mr. Ray does not have [REDACTED]. Below are details of opinions, all stated to reasonable degree of medical certainty.

1. There is no objective evidence that Mr. Ray has had [REDACTED].

First, from a clinical perspective, Mr. Ray's clinical presentation is atypical for [REDACTED]

[REDACTED]. He has had [REDACTED]

2. The most likely etiology of his symptoms is [REDACTED]
- [REDACTED]
- [REDACTED]

Thus, I believe that Mr. Ray's behaviors (or at least some of them) may not be fully explained by [REDACTED] and instead may be the result of malingering. In other words, he may be purposefully performing these episodes for secondary gain.

Conclusion

Based on my knowledge, training, and experience, along with my review of the medical records referenced herein, it is my opinion, expressed to a reasonable degree of medical certainty that Mr. Ray does not have objective evidence of [REDACTED]. Instead, his symptoms are likely the result of a form of [REDACTED] or malingering.

I reserve the right to modify and/or supplement my opinions in the event that additional information becomes available.

Sincerely,


Alexander E. Merkler, MD, MS